

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295 TRENTON, NJ 08625-0295

NON-MEMBER DESIGNATION OF BENEFICIARY

You have been designated as a beneficiary and will receive benefits from a State-administered retirement system due to the death of:

PRINT MEMBER'S NAME_____
PRINT MEMBER'S SOCIAL SECURITY NUMBER

You must fill out this beneficiary form so, in the event of your death, the Division of Pensions and Benefits will be able to contact your beneficiary regarding the final settlement (if any) of this claim.

I am a recipient of benefits from the:

- ☐ Public Employees' Retirement System
☐ Teachers' Pension and Annuity Fund
☐ Police and Firemen's Retirement System

- ☐ State Police Retirement System
☐ Consolidated Police and Firemen's Ret. System
☐ Prison Officers' Pension Fund

PRINT YOUR FULL NAME_____
YOUR SOCIAL SECURITY NUMBER_____
RETIREMENT NUMBER_____
DAYTIME PHONE NUMBER**Designate someone to contact and receive any amounts due upon your death.****PRIMARY BENEFICIARY(IES)**

BENEFICIARY NAME

RELATIONSHIP

BIRTH DATE

1 _____

ADDRESS _____

2 _____

ADDRESS _____

CONTINGENT BENEFICIARY(IES) - If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME

RELATIONSHIP

BIRTH DATE

1 _____

ADDRESS _____

2. _____

ADDRESS _____

RECIPIENT'S SIGNATURE_____
YOUR SIGNATURE_____
DATE_____
MAILING ADDRESS_____
ZIP CODE